



**Strong Family Health Center**  
**"Comprehensive Tribal Healthcare"**  
**1203 Oak St. Alturas, CA. 96101-3225**  
**Phone (530) 233-4591 Fax (530) 233-3055**

**RELEASE OF HEALTH INFORMATION ON THE FOLLOWING PERSON:**

Client Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ S.S.N. \_\_\_\_\_

Physical Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Phone Number

The purpose for this information is to provide up to date Medical, Dental, Mental Health, Vision and/or Education support and services for the above named client.

**INFORMATION MAY BE RELEASED FROM THE FOLLOWING PROVIDERS AND FACILITIES FOR THE ABOVE NAMED CLIENT.**

Please provided the name and contact number of your health care providers in the space given below.

\_\_\_\_ Medical Doctor: \_\_\_\_\_  
 \_\_\_\_ Dentist: \_\_\_\_\_  
 \_\_\_\_ Eye Doctor: \_\_\_\_\_  
 \_\_\_\_ Pharmacy: \_\_\_\_\_  
 \_\_\_\_ Laboratory: \_\_\_\_\_  
 \_\_\_\_ Mental Health Provider: \_\_\_\_\_  
 \_\_\_\_ Modoc County Health Services  
 \_\_\_\_ Modoc County Public Health  
 \_\_\_\_ Modoc County Social Services  
 \_\_\_\_ Federally Recognized Tribes (Specify): \_\_\_\_\_  
 \_\_\_\_ Other (Specify): \_\_\_\_\_

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. IF THIS AUTHORIZATION HAS NOT BEEN REVOKED, IT WILL TERMINATE ONE YEAR FROM THE DATE OF MY SIGNATURE.

\_\_\_\_\_  
 Signature of Client Date

\_\_\_\_\_  
 Guardian of Minor Client Date

\_\_\_\_\_  
 Signature of Witness (If signed with an X) Date

This information is to be released for the purpose state above and may not be used by the recipient for any other purposes. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 U.S.C. 552a (1) (3). In the case of alcohol and drug abuse patient records, a falsified authorization of disclosure is also prohibited under 42 CFR 2.31 (d) 12/12